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ABSTRACT

This practicum addressed the problem faced by a child care center in dealing with parents from various ethnic backgrounds who possessed different views on toddler toilet training. The goal of the 10-week project was to establish an environment in the toddler program that allowed teachers and parents to approach toilet training cooperatively. During the first week, parents and teachers were surveyed about their attitudes toward toilet training, from which staff developed a plan of action for working with each parent. Staff then provided parents with educational materials on toilet training and initiated weekly communications between parents and teachers concerning each child's toilet training experiences. The strategy empowered the parents and teachers to identify and resolve issues regarding toilet training, successfully reducing conflicts between parents and teachers. (Four appendixes provide copies of the parent and teacher surveys as well as toilet training observational journals and logs.) (MDM)

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Bridging Adult Differences Through a Problem-Solving Approach to Toilet Learning with Toddlers

by

Rebecca Comeau

Cohort #57

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A Practicum Report Presented to the
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for the Degree of Master of Science

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AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

1-6-94
Date

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Signature of Student

Abstract

Bridging adult differences through a problem-solving approach to toilet learning with toddlers. Comeau, Rebecca M., 1994: Practicum Report, Nova University, Master's Program for Child Care Administrators. Descriptors: Toddlers/Toilet Learning/Parent Teacher Cooperation/Teacher Parent Cooperation/Cultural Attitudes/Parent Communication/Home School Relationship.

Teachers and parents share the responsibility for a toddler's development in a child care setting. The diversity of backgrounds and values that exist in American society can create a condition for conflicts to emerge as the adults approach the process in very different ways. Many toddler teachers expressed discontent about the ways parents approached the process and about the conflicts of opinion that frequently came up as they worked through the process with the toddlers and parents.

The author developed a system of communication to encourage the open exchange of ideas and experiences between the adults involved as a framework for problem-solving. The communication process focused on the child, the common concern for all adults. Having established that parent/staff cooperation was beneficial to the child's learning, a strategy was chosen to involve parents and staff in a cooperative process of problem-solving during toilet training. This strategy empowered the adults to identify and resolve issues, and to learn important lessons as they proceeded. The benefits include enhancement of self-esteem, and knowledge of child development that extend to later stages, including adolescence when issues of autonomy arise at a higher level.

The project successfully reduced conflict among the adults and the methodology was adopted by the center. A project was funded by the state of Minnesota to further develop the educational tools and to incorporate the communication methods into these tools and to distribute them to teachers around the state. Appendices include sample surveys and forms used to record conversations between parents and teachers.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

The child care center which was the setting for this practicum was founded in 1972, emerging out of the struggles of the sixties for new directions for women. It was founded by parents, given legal definition as a parent cooperative, and managed and staffed by parent volunteers, most of whom were women. Although the business structure was changed to that of a non-profit corporation, management and leadership have continued to be primarily parents with young children.

The central role of parents in their child's development is acknowledged in the center's mission statement and is evident in operational policies and procedures. The format for parent connection has changed over the years. In contrast to the original policy of active parent involvement as volunteers in staffing the center, participation by parents was directed toward establishing a coordinated approach to child development. This took the form of communication between staff and parents with emphasis on reporting of observations and analysis of the child's development, as well as cultural dinners and events that served as a basis for enhanced understanding between staff and parents.

For purposes of simplicity, the term "parent" was used in this paper to include "anyone who provides children with basic care, direction, support, protection and guidance" a definition found in Morrison, 1991. Such a parent may have actually been a grandparent, foster parent or other individual who had custody or responsibility for the child.

A strategic decision was made by center management in the late 1980's to go forward with a major upgrade to the facility and the program in order to assure the survival of the center for at least the next 10 years. After completing a renovation project in 1991, the

business development priority focused on administration. In order to secure the business and operations of the center, a set of integrated administrative systems was developed. Computer technology was incorporated in key business areas in order to assure the smooth running of the center while reducing administrative overhead costs. These new management systems provided greater opportunity to focus on program content and quality.

In order to realize the quality standards of the center, it was necessary to sustain a staff of teachers whose practices were consistent with the center's philosophy and objectives. One dimension of quality that has been promoted through the national accreditation process is that of cultural saliency (Lally, Provence, Szanton and Weissbourd, 1987). Very young children, in particular, benefit from consistency in their condition. The professional staff of this center, which was located in the economically and ethnically diverse inner-city, were similarly diverse. The ethnic composition of the staff was 50% African-American, 37% white European-American and 13% Asian-American. Some staff people had no college education and had advanced their skills through experience and vocational education; others were college graduates. Hiring policies were inclusive, with emphasis placed on the teacher's potential based on their nature and intuition. Education was not the main criteria since many natural teachers had not yet attained college credits or a degree. However, if education was lacking, college-level training was encouraged in the individual's professional development plan.

In keeping with the center's priority of program quality, a new staff position was established, that of Curriculum Manager. The functions of this position were to develop conceptual-level curriculum, gather resources for teachers, monitor program quality and provide trouble-shooting in problem areas. The existence of that position reflected the center's philosophy which emphasized the importance of systematic early education.

Parents with children attending the center had also become increasingly conscious of the value of early education. Parents were seeking educational services over and above custodial care for their children; they wanted quality for their child. At the same time they were acutely aware of the high cost of this education. These two factors had combined to create an intensified demand by parents for service quality.

The baby boom that started in the 1980's is nearly over, and market demand for child care service has reached a plateau. In the previous two decades, it was relatively easy to maintain or increase the numbers of children enrolled since demand was greater than supply. Now that this has changed, centers must be prepared to offer distinctive service in order to stay in business. This competitive market requirement was another factor which led to targeting the program's educational component for priority of development.

A period of intensified staff training over a six-month period laid the internal basis for service delivery at a higher level. In addition, a project was undertaken to become accredited through the National Association for the Education of Young Children. The standards set by the NAEYC are becoming widely known and adopted as quality standards for the industry. While the accreditation guidelines are not perfect, they provide a baseline against which programs can be measured and evaluated.

Significant improvement had been made in many areas, but program evaluations at the center revealed a persistent weakness in toddler programming. In particular, the degree of parent/staff conflict was significant at times. Having gone through several toddler teachers, the writer became clear that the cause was not "personality differences" between specific staff and parents, but was evidence of a more generalized problem. In the context

of the center's parent-oriented philosophy, it was a high priority to maintain excellent rapport with parents.

The writer has served in the capacity of managing director of the child care center for the past four years and has become very aware of the concerns of parents and staff involved with toddlers. A common concern for the child's development exists but is at times over-shadowed by conflicts of opinion between staff and parents over what is best or necessary for the child. It was the belief of the writer that the practicum project which was designed to manage the differing expectations between the staff and toddler parents could benefit the center. The focal point was the process of toilet learning, which required coordination of efforts between staff and parents. When adult differences were not managed well, the child could have received mixed messages which could have resulted in frustration for both the child and the adults.

At the outset of the project, the toddler staff was composed of two teachers and one floating teacher who previously worked in the toddler program. One of the teachers had over seven years experience with toddlers, while the other two had no prior experience with the age group. Both of the inexperienced teachers received age-appropriate in-service training and adapted to the change in teaching environment with few problems. Still, they had little experience in toilet training children.

Prior to beginning the implementation phase, groundwork was laid to encourage staff to view this as a problem-solving opportunity. In response to a questionnaire that the writer distributed to infant and toddler staff at the outset of this project (Appendix A), discussions were held about past experiences and expectations. Notes were taken about problems that had occurred in the past or were anticipated. During the detailed planning which took place prior to the 10-week implementation period, these problems were

referenced in the context of the project's goals and design. Thus, each staff was encouraged to take ownership of the project, through the connection to their own history and cycle of knowledge.

Colleagues in the field responded to the project's concept with interest and anecdotes of their own, supporting the belief that parent/staff differences was a problem that confronted many programs. Discussions with other program directors confirmed the fact that this problem was frequently encountered and often became protrusive during toilet learning when parents and staff attempted to coordinate efforts. Comments ranged from mild exasperation toward the parents to more serious concerns about the effects of inappropriate practices on the toddlers.

The anticipated outcome of the practicum was a contribution to the knowledge base of curriculum planning for toddler care in general, and assistance in the management of issues surrounding toddler toilet learning, in particular. With the assistance of other professionals during and after implementation, strategies and results were evaluated. It is hoped that the findings that have emerged from this project will be useful to practicing toddler teachers and center directors.

CHAPTER 2

THE PROBLEM: CONFLICTS THAT ARISE IN TODDLER TOILET LEARNING

Distinctly different challenges are encountered in programming for quality toddler care, than for other age-groups. The developmental process from one-and-a-half years until three years of age includes several major leaps, particularly in the areas of language and self management. It is a time of expanding horizons, during which the child strives for increasing independence, but is constrained by incomplete development. Emotions run high in this age group, and learning to master one's internal affective state is one of the principal areas of growth that occurs.

It is an exciting age, but one that is wrought with conflict. As the child pushes to expand boundaries, the learning process can be obstructed by adults who are unaware of the child's developmental needs, or can be facilitated through sensitivity and knowledge of a child's stage of development. Without this conscious effort on the part of the adults who work with toddlers, a great deal of negative emotional conflict can take place. For example, if the adult's agenda is not responsive to the needs of the child, disruptive struggles can result, reinforcing the stereotype of the "terrible two's" that is associated with this age.

A common concern that was voiced by toddler teachers was that of the level of frustration of parents that arises during this age of autonomy. The majority of the toddlers in the program live with only one parent, a condition which many parents present as overly stressful. Teachers expressed concern about the coping strategies of these parents, and had frequent informal discussions with parents in an effort to support their parenting efforts. Nonetheless, teachers worried that some parents were pushing children hard

toward independence in areas such as toilet learning in order to reduce their own burden of care.

The toilet learning process is a very natural process which can proceed quite smoothly. In reality, it is frequently one of the most difficult processes for parents and care-givers. It has been identified as one of the major conditions which may result in fatal child abuse, second only to colic. (Schmitt, 1987). Confusion is also prevalent at this time. Consultants staffing a local provider phone help-line reported that one of the top three questions asked of them had to do with toilet learning, and most often about handling of parents in the process (personal communication, Greater Minneapolis Daycare Association phone consultant, February 17, 1992).

Compounding the problem in group care settings is the fact of multiple care-givers providing for the child's developmental needs. This includes one or more parents, and one or more staff persons, all of whom may have widely different views about how the process should be managed. In the survey of toddler teachers conducted by the writer (Appendix A), five out of eight respondents indicated difficulties with parents as the major problem they faced during toilet learning. More specifically, they cited parental expectations of early training most frequently, followed by frustration and abdication of responsibility to the center staff.

However, these are not the only possible outcomes of the stage; new language and cognitive skills emerge during this time period, much of the child's personality is formed and coping skills are honed through confrontation with new and difficult situations. In addition, the child leaves the age of diapers behind, and becomes self-sufficient in dressing. From this physical mastery, pride in self-management can be acquired, and a mutually cooperative identity with adults can emerge.

The benefits of very high quality toddler programming at this age are immense, shaping the child's ability to go forth into the world of pre-school learning and socialization. This is in sharp contrast to the problems and conflicts observed and reported by many center staff and managers, and is the focus of this practicum study.

In order to fully comprehend the issue, three main factors needed to be looked at, as well as the relationships among these aspects. These factors were: the toddlers, their parents, and the staff.

First, it was important to understand toddler development. This is a time of life that is commonly misunderstood by adults. The myth of the Terrible Two's is widespread and must be critically examined in order to understand the problem of hostile encounters that take place during the third year. Phillips contends that the idea that toddlers are incorrigible can become a self-fulfilling prophecy based in part on adult ignorance and pre-conceived notions of toddler practices. The effect of this mythology is to increase anxiety, conflict and struggles for power (Phillips, 1988).

Toilet learning is one of two major advancements that take place during the third year of human development, accompanied by mastery of language. Early educators assert the importance of this stage in the formation of autonomy, and realize that "the toddler curriculum, whether it be the diaper changing, toilet training, motor, language, or social development ... is critical to school and human success" (Carter, 1993). Even mediocrity in the handling of this seemingly mundane task deprives the child of the full benefit of learning about self and developing potential to handle problems.

Experiences in the first three years of life significantly impact the child's self concept and role in solving problems. Toddlers are characterized by their assertions of will, reflecting a need to raise their level of independence. This is what psychologist Erik Erikson describes as the second of eight major stages of personality development, a period of conflicting feelings of need for "autonomy versus shame and doubt" (Hubley & Hubley, 1975). Adult responses to the child's successes and failures help to shape the child's self concept and willingness to persist in solving problems and mastering skills. These are fundamental traits which have a great influence on a person's developmental progress. Significant characteristics of "successful, productive, capable human beings" include "...strong perceptions of personal capabilities...strong perceptions of significance in primary relationships...strong perceptions of personal power or influence over life...strong intrapersonal skills. The ability to understand personal emotions, use that understanding to develop self-discipline and self-control and learn from experience .." (Glenn and Nelson, 1989).

Toilet learning enhances the child's self esteem, as a step in the child's mastery of bodily functions and a step toward greater equivalence with adults and older siblings. Success in this process provides benefits in many other areas and throughout many future stages of development.

The second major player in the toilet learning process is the parent, who in large part determines the learning outcomes for the child. With their relatively well-developed mobility and emerging language and self-care skills, toddlers push outward from the parent both physically and in the attachment identity. This takes the form of struggles for "equivalence" with the adult at increasingly higher levels (Eastside, 1980). If the adult is able to adapt and acknowledge the child's new levels of development, the degree of negative conflict can be greatly reduced. If not, the child will continue to push on the

limits, demanding new conditions for further development. This process is entirely natural and necessary, but frequently misinterpreted as personal confrontation or irrational negativity.

Toddlers vary a great deal in their personalities and in their approach to self-management skills. Some children are very keen on doing things for themselves, while others are more dependent and enjoy all the help they can get. These views can be described as the child's "intelligence mode" (Eastside, 1992), or the mode of learning and acting on the world. A combination of reluctant learner and "anxious-to-eliminate-diapers parent" can bring about very intense conflicts, tantrums and power struggles as the child asserts the need to proceed at a pace consistent with her or his intelligence mode and developmental readiness.

Among the families encountered in group care settings, class and individual differences exist in basic approaches to child rearing, and in the specific expectations that are brought to the toilet learning process. Studies of cultural differences (Gonzalez-Mena, 1992; Hale, 1981, Kitano, 1980) have identified patterns of behavior that are significantly different from the Euro-American style that dominates educational institutions. For example, the African-American children have been found to be highly people-oriented, while the white-dominated educational system is strongly object-oriented. Child-rearing practices have been found to correlate to the affective orientation of these children. (Hale, 1981).

While it is clear that there are patterns, methods and traditions that can be clearly identified by culture, it is beyond the scope of this paper to examine these in depth. Instead, the variety of individual differences will be addressed as part of preparing solutions that can encompass a diversity of populations. Variations within a cultural subgroup are conditioned by many factors, including socio-economic status and education

(Kitano, 1980). Many factors combine to produce distinct and sometimes fundamental differences in approach to child rearing in general, and toilet learning in particular.

Adult behaviors may reflect an unconscious attempt to recreate their own experience in toilet training, or may represent a choice to model a respected family or cultural mentor. These actions are not always filtered through rational analysis and may not correspond to their own knowledge of their child. Parental behavior sometimes involves a partially conscious re-living of their own childhood (Bettelheim, 1987), which can be inappropriate to the toddler's learning process. If the adult does not have a clear perspective on the child's needs, stress and adverse mental health may result. For example, toileting accidents can lead to frustration if not properly understood as being an important part of the child's learning process. In severe cases of adult reaction to toilet accidents, children are often susceptible to injury from an angry and frustrated adult (Schmitt, 1987).

Economic pressures on parents may lead them to hurry the child in order to minimize the high cost of diapers. While there are steps that can be taken to successfully assist the child along the way, it is clear that a child who does not have muscle control simply is not ready, and will not succeed until this physical pre-condition has been met. Although the child may go along with an adult's encouragement to use the toilet, he or she may not achieve full independence for a very long time. Starting too early can actually delay the child's interest in proceeding and may breed emotional resistance. This will certainly lead to frustration and stress for a parent already burdened with financial concerns. On the other hand, practices that develop the child's awareness of bodily functions can begin even in infancy, and lay the groundwork for crystallization of understanding at a later stage when all the cognitive and physical elements of readiness are in place.

Staff behaviors are the third component in the analysis of toilet learning. It is significant to understand the important role that socio-economic background and ethnicity play in teachers' judgments of parental competence. In a study of predictors of positive or negative relationships between parents and care-givers, Galinsky (1990) found that staff "...were more likely to rate mothers' parenting skills more favorably when the mothers in their group had higher incomes, and were better educated...When the staff were Black and the parents White, the mothers were seen more positively." In the same study, the teacher's value framework, in particular whether or not they approved of mothers working, affected their rating of parents. In the experience of the writer, a common difference is found when white care-givers encounter African-American parents who are toilet-training their children at an age earlier than expected. Assumptions and value judgments are common and a tone of disrespect or arrogance may be evident.

The process of staff training can serve to temper these characteristics. However, staff development is highly variable. Specific skill and knowledge differences exist depending on the background of the teacher. Toddler teachers are a somewhat rare breed in the profession, in part due to the fact that the notion of terrible toddlers has influenced many teachers to avoid working with them. Others discontinue work when they come up against the unique aspects of toddlerhood. Those who do continue their practice with toddlers vary a great deal in their knowledge of toddler developmental stages, their ability to manage diapering and toileting in group care situations, and the quality and style of interactions with parents.

Each of these three factors individually contributes to the outcomes of the toilet learning process, and in combination, some interesting results can take place. For example, an inexperienced toddler teacher may be faced with a mother who is likewise inexperienced

and expects the toddler teacher to do it single-handedly. On the other extreme, a parent with very definite expectations and a traditional program which includes sitting the child on the toilet frequently for lengthy periods may encounter a professional teacher who knows the difference between a well trained parent and a toilet trained child. If not correctly understood and properly managed differences such as these can lead to tense or heated conflicts.

Such conflicts, even among rational adults, will inevitably arise in this condition of diversity of expectations and needs experienced by the major players in the process. Adults who are not well informed about the nature of toddlers and their toilet learning stages may proceed with incorrect methods, and may clash with professionals who have attained this knowledge and some skill in advancing children through the process. In the reverse, teachers with rigid methods who fail to recognize distinct and legitimate parenting styles, may encounter resistance and hostility. Clashes with toddlers will also result when a proper assessment of their readiness and intelligence mode is lacking as a basis to work with the child. The degree of non-constructive conflict among the adults (i.e. staff/parent differences) and between adults and toddlers (i.e. parent/child conflict) can be detrimental to this important developmental stage, undermining the potential benefits to the toddler (Lally, Provence, Szanton and Weissbourd, 1987).

The importance of parental cooperation and involvement in facilitating the child's learning has been documented (Powell, 1986). It is not always easy to make this linkage a reality in the face of day-to-day demands on both parents and staff, and the intrinsic diversity of American society. The benefits to the child are significant and worth the effort required to achieve the result.

A strategy for the practicum project was sought that would emphasize the empowerment of parents and teachers. This would require a method of generalization of direct experiences with particular children on the part of both teacher and parent. Having learned about the child and themselves, new methods of work can emerge. This completion of knowledge cycles reaches far into the future, and can have an influence during the challenging period of adolescence, where issues of autonomy arise at a new and more complex level. Parents may find themselves better prepared for this stage having learned from the toddler development process, and are likely to have greater confidence as a result of having developed themselves through solving problems (Johns & Harvey, 1990; Mack, 1978). Teachers may become highly skilled at adapting their methods to the unique needs of each family.

CHAPTER 3: SOLUTION STRATEGY

Goals and Objectives

The goal of this practicum was to establish an environment in the toddler program that encouraged adults to approach toilet learning cooperatively. Such a process would be characterized by a focus on the developmental needs of the children, and overcoming obstacles to each child's growth in learning to use the toilet.

In order to meet this goal, four objectives were identified. The first objective was quantitative, to increase parent interactions with staff around toilet learning issues. The remaining objectives were qualitative. The second was to increase the focus of parent's attention on the child's developmental needs during the stage of toilet learning. The third objective was to eliminate teachers' biased, personalized and judgmental comments about parents. The final objective was to improve teachers' ability to reconcile differences between professional knowledge and parental expectations.

Strategy Employed

A multitude of approaches toward toilet training for toddlers in group care exists within the field. Many teachers express the simple precept that it is best to wait for the parent to initiate toilet learning to assure coordination of home and center activities. Some advocate following the parent's lead in determining the methods used for each child. At the other extreme, some professionals assert that they simply inform the parents of when and how their child should be initiated to toilet usage, and expect the parents to cooperate with them. This "expert" phenomenon seems to be found more commonly in homogeneous, middle class centers, and is apparently acceptable to many parents perhaps because of the congruence of cultural and socio-economic values.

There is another trend in centers of high quality. This approach involves the coordination of efforts between the toddler teacher and the parents who intimately know the child and the setting in which the child has been reared. In an interview with Dr. Ronnie Liederman, director of the early education center at Nova University, she stated that parents are encouraged to "read the cues" that the child is giving, and an innovative approach to parent education is offered to help the parents understand the cues that are presented. At the same time, she emphasized that "we don't tell the parent 'how to'; one approach doesn't cover all the cultural and family differences that we encounter" (R. Liederman, personal communication, June 14, 1993).

In practice it is a complex issue, since many situations arise which involve conflicting needs, or have no clear-cut solution. For example, a parent may have serious financial limitations, resulting in difficulty providing for the family needs. The high cost of diapers seems to be a common target in balancing budgets, and some families seek to toilet train their child early in order to defray this cost, regardless of the child's readiness. It is also common in some cultures or families to hold the child most of the time, and the adult responds immediately to urination and bowel movements. (Hale, 1981). This may lead to a schedule of placing the child on the toilet frequently, which may not be feasible to re-create in the group care setting.

Another dimension of complexity exists within the child. Since children have different intelligence modes, learning styles and temperments, no single training method works for all children. To take into account all of these factors requires systematic analysis of the concrete situation and context for each child.

Conflicts such as these can deteriorate into serious problems if not managed consciously. It has been established that successfully working through these differences between adults

will provide a better environment for children. It is not always possible to resolve conflicts, since there are times when neither party is willing to compromise. But it is possible to manage differences in order to produce a constructive result for the child.

Given this condition of differing parenting styles, uneven levels of development and individual differences among children, it is important to offer professional advice or support in a manner that is inclusive and motivates the parent to enter the process. Consistent with this concept, the approach which was undertaken by the practicum was one of mutual problem-solving involving the teacher and parents. This method was applied in the 10-week implementation phase of the practicum. Two aspects were emphasized: first, providing factual information about child development to the adults involved, and secondly to establish structured communication, both written and verbal, to solve problems and overcome conflicts that arose in the process and to develop an awareness of the methods of work with the child.

Report of the Action Taken

In order to meet the goal and objectives defined for this practicum, a project plan was developed and implemented. In the first week of the project, parents were surveyed about their child's stage of development and their expectations about the toilet learning process. Staff reviewed these surveys with the writer and developed an initial plan of action for working with each parent.

Throughout the course of the project, parent reports were obtained about their child's progress and their suggestions for staff to assist them. Parents were asked to report each Monday, having spent more concentrated time with the child on the weekend. Reports

could be written or verbal, in which case the staff person recorded the comments on a parent report form.

Educational tools were provided to the parents, to increase their knowledge of toddler development and give them information about how children internalize use of the toilet. These tools included a fact sheet about toddler development and the general process of toilet learning, and a video about toilet learning which was developed for staff and parent training. The fact sheet was given to each parent, and made available to staff as well. The video was available to take home. Parents were invited to discuss these tools and their questions or concerns in a conference with the teacher, either by phone or in person. Questions on the survey and on parent reports were child-centered, encouraging the adults to focus attention on the child's needs rather than on adult needs.

Staff were given a review of the conceptual framework of an anti-bias approach to early education. This took the form of a short reading and discussion with staff members in the first weeks of the practicum. Leadership was provided to staff through modeling appropriate attitudes in the process of reviewing parent surveys. At the end of the third week, parent and staff reports were discussed. Observations were made of comments about parents, and staff were given constructive feedback about their comments.

Observation recording is required as a normal part of child development at the center. The specific form used for toilet learning observations was enhanced with questions about the parent's concerns, and space to identify steps to address these concerns.

Staff reported to parents at the end of the week about the child's progress and any new problems identified. A space was provided to request parent's assistance in certain steps at home, if needed.

Staff were interviewed as part of the interim and final evaluations, and were asked to summarize new methods of work with parents. Parents were also interviewed during the interim and final evaluations, and were asked about a) their view of staff performance and b) whether or not they were satisfied with their child's progress in the program and specifically in toilet learning.

In order to manage the project, a schedule of activities was followed. This schedule is summarized in Table 1. Several predecessor tasks were identified and completed prior to week one of the practicum implementation.

During the implementation phase of the project, the main toddler teacher took sick leave due to the need for a tonsillectomy. This decreased some of the reporting, since substitute teachers could not be expected to operate at this level of coordination with parents. In addition, another staff person was transferred to another class, and the position was filled by a new teacher. Due to training priorities, the reporting in this case was also limited. These two incidents reduced the quantity of weekly reports that were written, but did not significantly impact the project methodology or results.

CHAPTER 4: RESULTS

The first objective of the project was to quantitatively increase communication between parents and staff about the children's toilet learning activity. This was achieved, and provided a basis for completion of other objectives which were directed at quality in the communications. The initial surveys were completed by the majority of parents. Useful information was provided by the parents about their beliefs, expectations of the center, and such practical information as terminology used at home which is very useful in interpreting for toddlers who's language is still developing.

Periodic reports between staff and parents were written up by staff. Parents were reluctant to write reports, but were usually willing to talk. Staff simply recorded these comments on a brief form, and also transcribed their own conversations with parents onto forms for documentation. For the very youngest children, only one report was written which indicated the child was not ready for advanced toilet learning, and any steps that were being taken such as cognitive activities (understanding wet versus dry, concepts of inside and outside) or modeling behaviors of parents or older children. For those who were progressing through the stages of active toilet learning, reports were written when new information was gathered (either a lapse in interest or a change taking place). Two of the three teachers involved reported that the process of initiating discussions with parents heightened their awareness and consciousness of the process, and were well-received by parents. Writing reports was not seen as a major problem since the format was brief and allowed for a quick notation; lengthy explanations were not encouraged or necessary.

The second objective of the project was designed to orient staff and parents to the developmental needs of the toddlers. Meeting these needs was the common "mission" of both the center and the families. The probability of constructively channeling differences

of opinion about methods was increased by keeping the focus on this purpose. The video and fact sheet that were provided to parents were especially useful to first time parents whose children were in the very earliest stages of toilet learning. This is a sensitive period for parents, a time when interest is high in anticipation of a new stage for the child. Not surprisingly, parents with previous experience, and those with children who were consolidating their toileting skills had less interest. Only 50% of the parents used the tools. The factors that contributed to this were the stages of their children and their previous experience. Several children were already nearing completion of toilet learning, and several parents had previous experience.

The survey and report questions were child-centered, and at the same time aimed at provoking the parents and teachers to evaluate their approach. In evaluating parent responses, the results were very encouraging, with many instances of positive and enthusiastic comments and none that reflected serious conflict either with the child or the teacher. One question was explicitly aimed at assessing the emotional state of the adult; it asked for description of anecdotes about frustrating or humorous incidents that occurred in the process of toilet learning. None were reported as frustrating, and several reported humorous or poignant incidents.

Another objective aimed at the quality of interactions between adults in the process was that of eliminating biased and judgmental comments by teachers about parents. A combination of steps addressed the theoretical aspect, as well as the practical aspect through modeling and discussion of the teachers practices. The expectation was that all teachers would discuss parent practices objectively all of the time.

There was only one instance of staff reporting about a parent that reflected a value judgment. The parent warned her child that if he had an accident she would "whoop" him

when he got home, and told the child that the teacher would do the same thing at the center. When the child turned to the teacher and asked if she was going to do that, the teacher reported responding that she would "never, never do such a thing". She reported the incident with signs of anger at the mother for putting her in this position, and for threatening the child in such a way. When asked about the history of communication with this parent, it was revealed that there was almost none. The class and racial backgrounds of the teacher and parent were significantly different, and the gap between them remained very large due to lack of communication. After discussing the problem, the importance of breaking down some barriers and attempting to reach a common ground, the teacher took steps to get to know the parent better. She was told later by the mother that she doesn't actually spank the child for accidents but uses the threat of doing so as a way to get him to take it seriously. The teacher then shared with the parent her ways of assisting the child during the final consolidation stage, which included a regular routine of bathroom times, and very minimal attention to accidents in order to help the child gain confidence and stay interested.

It is not clear what impact this had on the parent, and the situation was identified as one to be monitored to determine the outcome over a longer period of time. Clearly the level of communication improved and some assumptions that formed early in the teacher's mind (i.e. that the parent was whipping her child whenever he had an accident) were replaced with a different picture of the parent's practice. Although there were still marked differences in the approach taken by the teacher and parent, there was a toehold of movement toward common purpose, a possibility for future development of common methods. The elements of anti-bias theory, modeling correct practice and discussing incorrect practice were all used in this incident, and change was evident.

The observation journal which was used to record the child's progress and behaviors in toilet learning was useful in meeting the fourth objective. In order to improve the teachers' ability to reconcile differences between self and parents in the approach to be taken, attention was given to understanding the parents point of view. This view is clearly different than that of the professional; the roles of the two are fundamentally different (Gonzalez-Mena & Eyer, 1989). For this very reason, comprehension is not automatic, and extra effort is needed to listen and understand the parental point of view.

Staff interviews revealed that new methods of work were derived by each person, but in most cases, they were not consciously aware of the change prior to the interview. It was startling to one teacher who was quite sure of herself in the beginning, to realize that she was able to learn new things from her closer association with parents in the process.

Parents who were interviewed during the course of the project and at the end reported generally favorable levels of satisfaction. One mother was quite indifferent, and refused several attempts to talk even informally. The same mother has in the past not attended parent conferences. Two attempts were made to generate interest on the part of the mother in sharing information about the child's toileting process; both were unsuccessful. There was no hostility to indicate a conflict. It seemed to be inherent in the mother's personality to follow her own course of action for her own reasons, without regard to external conditions. In this case, it was not a significant problem due to the child's steady progress and cooperation in toilet learning. It could have been difficult if this were not the case.

Other parents expressed satisfaction at the attention given to their child's toilet learning. There were no comments that indicated dissatisfaction with a teacher or the methods used with their child.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

The intent of this practicum project was to develop a methodology to bridge conflicts that occur between adults in the shared responsibility for toddlers during the toilet learning stage. Conflicts were found to be commonplace in the field during this stage, as the professional knowledge of teachers came up against the expectations and practices of parents. The method was fundamentally one of communication. Various forms of communication were developed and used. The result was that serious and antagonistic conflict was eliminated, and most adults reported satisfaction with the process.

The methods of communication used in this project successfully reduced antagonistic conflicts between adults. The majority of the communication took place informally, in face to face exchanges between parent and teacher. This is a normal part of child care protocol, and the only difference in the project was the requirement to conduct these discussions frequently and to record them. The method then is easily transferred to child care centers; no special resources are required.

While the emphasis on communication at this level is correct and essential, it was found that the influence of leadership was critical in some situations, where differences in approach were not readily brought into harmony. The role of the writer was to engage the teachers in discussion, bringing forward problems, reviewing concepts such as that of the anti-bias approach that had been introduced in training, and applying these in a non-threatening way to the situation at hand. Without this discussion, the conflict would have remained, possibly dormant but with the potential to become a much larger problem.

The point of unity between parent and teacher is their concern for the child. When differences emerge, it is most effective to begin by seeking the common ground, frequently

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found in concern for the child's development. From this starting point, to systematically identify 1) the problem and 2) the differing approaches. In the context of what is best for the child, the useful and beneficial aspects of each approach can be taken and used constructively. It is important for the teacher to evaluate the approach being used, and to carefully think about the parent's, looking for what is positive and useful in each to take forward in the solution of the problem.

Further research would be useful into personality and outlooks affecting communication between parents and teachers. Basic approaches to the world differ amongst people, some being quite interactive and open, others independent or closed, and other variations. Each style operates differently and interactions between people of various forms and outlooks produce diverse results. A deeper understanding of these outlooks would be useful as teachers learn to approach parents based upon their stage of parenting and their unique outlooks on the world.

In evaluating the results and reasons for success, it became clear that while the approach was low-key enough to remain natural, it was clearly an attempt to systematize the process and make it work well. Parents and teachers alike appreciate this attention to the child and to the process of development. The child benefits from the use of more conscious methods of work in the nurturing environments of home and center.

The process which was designed and refined during this practicum project will be continued in the toddler center. Reports will be written periodically and reviewed by the writer. Discussions with staff and parents will be held periodically to review the reports and the general levels of satisfaction or problems that may exist. The aim is to sustain the level of communication and satisfaction that has been achieved through the project.

Interest has been expressed in further developing the educational tools about toilet learning. With the assistance of a grant from the State of Minnesota, the pilot video will be upgraded and the fact sheet will be professionally printed. Both will be made available to toddler centers throughout the state. The methods of communication will be incorporated into the video which is aimed at both parent and teachers.

TABLE 1
Schedule for Implementation Activities and Evaluation

WEEK #	TASK
Predecessors	Revise toddler parent survey form to incorporate questions about the toilet learning stage and expectations.
	Prepare a weekly parent report form.
	Prepare a weekly staff report form.
	Staff meetings incorporating anti-bias refresher.
1	Parent notification and survey re: expectations. Request that parents report to staff each Monday about their child's progress.
	Prepare fact sheets.
2	Distribute fact sheets.
	Notify parents of availability of video for loan.
	Review parent surveys with staff; make preliminary plans for working with each family.
	Obtain first report from parents and teachers
3-10	Continue reports from parents and teachers
3	Discuss reports with staff and evaluate staff comments
4-5	Interim evaluation: Staff interviews. Parent interviews. Review each objective and results. Make adjustments in the implementation.
10	Final reports from parents and staff.

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APPENDIX A

STAFF SURVEY FORM

EASTSIDE CHILD DEVELOPMENT WORLD
830 5th Avenue SE
Minneapolis, MN 55414 378-2122
Toilet Learning Project: Provider / Staff Interview

NAME: _____ DATE: _____

POSITION: _____ EMPLOYER: _____

Please continue on the back side if you need more room....

Describe your experience in toilet learning with young children.

What methods do you use in this learning process?

.ist the 5 most difficult problems encountered in toilet learning, and give an example.

How do you work with parents in this process? What problems have you encountered and how did you deal with these?

What tools or information would be useful to you or to the parents you serve, in order to make toilet learning a oetter process for the toddlers?

APPENDIX B

TOILET LEARNING: Parent Survey

TOILET LEARNING: Parent Survey

This information will help us provide a better condition for your child's toilet learning process.

PARENT NAME: _____

Description of family background (ethnic origin, cultural and family influences):

How do you plan to help your child learn to toilet independently? Please explain why you have chosen this method.

What methods are commonly used by people in your family or culture?

What do you think of these methods? Are they effective, do they address the child's needs, etc.

What do you expect from the teachers at Eastside in the toilet learning process?

What terms for toileting and for body parts do you use at home, or does your child use? These can provide cues for us to know what your child is saying. (At Eastside, based on current research, we use standard terminology: "urine", "BM" and anatomical terms for body parts such as "penis" and "vagina" to describe where these functions take place.)

Other:

APPENDIX C

TOILET LEARNING JOURNAL

EASTSIDE CHILD DEVELOPMENT WORLD
830 5th Avenue SE
Minneapolis, MN 55414 378-2122
TOILET LEARNING JOURNAL

Child's Name _____ Teacher/Parent _____

Child's Age (in months) _____

Have there been any new developments in the child's toilet learning process? If so, please describe.

If your child is ready for toilet learning, what kinds of things have you done to encourage the child's learning?

Do you think anything needs to be done differently in order to encourage the child's toilet learning, either at home or at daycare?

This period of development can be exciting for both child and parent. On the other hand, it can be a difficult time. Communication and a good sense of humor can help make the process a positive one. Have there been any unusual, frustrating or humorous things that have happened with the child's toilet learning recently?

APPENDIX D

TOILET LEARNING OBSERVATION LOG

EASTSIDE CHILD DEVELOPMENT WORLD
830 5th Avenue SE
Minneapolis, MN 55414 378-2122
TOILET LEARNING OBSERVATIONS

Child's Name _____ Stage: ___ 1) Observe and Model
___ 2) External Reminders
Age in Months _____ ___ 3) Internal Awareness
___ 4) Consolidation
Date From _____ To _____ ___ 5) Post Consolidation

METHODS IN USE AT THE CENTER	METHODS IN USE AT HOME

WORDS USED AT CENTER	WORDS USED AT HOME
(Based on current research, standard terminology is used).	
Urine, BM	
Toilet	
Penis, Vagina	

Please start a new form when methods change or the stage of development changes.

DATE	OBSERVATIONS (Home and Center)